

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/588535

8/7/06

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		1				
5						
6		1				
7						
8	1					
9		1				
10						
11		1				
12	1					
13		1				
14						
15		1				
16						
17		1				
18						
19		1				
20						
21		1				
22						
23		1				
24						
25		1				
26						
27		1				
28						
29		1				
30	1					
31		1				
32						
33		1				
34						
35		1				
36						
37		1				
38						
39		1				
40						
41		1				
42						
43		1				
44						
45		1				
46						
47		1				
48						
49		1				
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52		1				
53						
54		1				
55						
56		1				
57						
58		1				
59						
60		1				
61						
62	1					
63		1				
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65		1				
66						
67		1				
68						
69		1				
70						
71		1				
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73		1				
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86						
87		1				
88						
89		1				
90						
91		1				
92						
93		1				
94						
95		1				
96						
97		1				
98						
99		1				
100						
	4					
	27					
	31					